



Maricopa County Tobacco Use Prevention Program Monthly Report Form- Due on the 3rd of Each Month

Site Coordinator: _____

School: _____

District: _____

Reporting for the Month of: _____

Tobacco Prevention Contract Annual Checklist 03-04

Activity	Date of Completion
Post "Tobacco-Free Campus" Sign	
Start implementation of Tobacco Prevention Curriculum	
Finish implementation of the curriculum	
Tobacco Prevention Message #1	
Tobacco Prevention Message #2	
Tobacco Prevention Message #3	
Tobacco Prevention Message #4	
Tobacco Prevention Message #5	
Tobacco Prevention Message #6	
Tobacco Prevention Message #7	
Tobacco Prevention Message #8	
Tobacco Prevention Message #9	
Tobacco Prevention Message #10	
Implementation of the Youth Driven Activity	

Financial Reporting

Description	Amount	Date
Site Coordinator Stipend:		
Planning Committee Stipends (optional):		
Curriculum Materials:		
Materials/Supplies:		
Other: including training fees, substitutes to attend training, etc.		
Total Spent to Date:		

Tobacco Prevention Curriculum Implementation

Name of Approved Curriculum Using. Choose One:

- | | | | |
|-------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> All Stars | <input type="checkbox"/> Here's Looking at You | <input type="checkbox"/> Project Alert | <input type="checkbox"/> PATHS |
| <input type="checkbox"/> CHAMPS | <input type="checkbox"/> Keep A Clear Mind | <input type="checkbox"/> Project TNT | <input type="checkbox"/> Positive Action |
| <input type="checkbox"/> Get Real About Tobacco | <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Too Good For Drugs | <input type="checkbox"/> Second Step |
| <input type="checkbox"/> Great Body Shop | <input type="checkbox"/> Lions Quest | <input type="checkbox"/> Keepin' It Real | <input type="checkbox"/> Science Tobacco & You |

Lesson/ Session	Grade and Teacher	Number of Students	Comments about the lesson: anything added to the lesson, interruptions, Student reactions.
Example: Lesson 1	4 th Mr. West	27	Added the video truth and dare Students commented on how tobacco is portrayed in movies and they'd never noticed.

Tobacco Prevention Messages This Month

Date of Message	Type of Message	How it was Delivered	Responses/Reactions from the Messages
Example: 2/14/04	Heart health and tobacco	On the PA system in the am	None

Youth-Driven Tobacco Use Prevention Activity

(Have at least one youth driven activity per year.)

Program Information

Date of Program:

Number of Students Involved with Planning/Implementing the Event:

Grade(s) of Students Involved with Planning/Implementing the Event:

Activity description including results, participant response, reactions:

Non-Required Prevention Activities

(Any other prevention activities. Could include other lessons, booster lessons, movies, speakers, non-approved curriculum, training, peer programs, health fairs, puppet shows, poster contests, etc.)

Date:	Type of Activity:	Number of Students Participating:	Grade(s) of Students:	Result of Activities Including Student Responses:
Example 9/15	Jump for Heart assembly	25	5th	Students loved it! Will do it again next year.

Please let us know how we can assist your program.

We can help with: Planning your Program, Curricula Information, Resources and/or Materials Checkout, Health Fairs, Peer Programs/ Youth Advocacy and Referrals or Other Services.

If you have any questions regarding this form, please call your Prevention Specialist

Reports need to be submitted monthly to your Prevention Specialist by mail, fax or e-mail.

Prevention Specialist

3838 N. Central, Suite #1600
Phoenix, Arizona 85012
(602) 372-8499 fax